

Maine Department of Health and Human Services



John Elias Baldacci
Governor

Office of MaineCare Services

442 Civic Center Drive
11 State House Station
Augusta, ME 04333-0011

Brenda Harvey
Commissioner

J. Michael Hall
Acting Director

TO: All MaineCare Providers

FROM: John Michael Hall, Acting Director, Office of MaineCare Services,
Deputy Commissioner, DHHS

SUBJECT: Update on Timeline Requirements for the Submission of Claims

DATE: June 1, 2006

Thank you for your cooperation as we continue our progress with MeCMS. MaineCare providers have raised strong and valid concerns regarding the timeline requirements for the submission of claims. In response, the Office of MaineCare Services ("OMS") revised Chapter I, Section 1.10-2 of the MaineCare Benefits Manual last summer to allow some flexibility in the normal requirement that all claims be submitted within one year from the date of service. Revised Section 1.10-2 now states that providers must submit a bill within this one-year period, "unless waived under special circumstances by the Department, such as the Department's inability to process claims and/or adjustments."

As previously explained, the purpose of this revision is to assure that providers will receive payment if failure to meet these time requirements is not the fault of the provider. If the failure is due to MaineCare's inability to issue timely payments or denials, we will waive or modify these billing requirements.

In order to efficiently implement this policy with minimal disruption to the provider community, OMS has modified the billing edits to MeCMS. Specifically, the following edit revisions have been made:

(1) OMS will not reject otherwise valid claims as untimely if submitted within 20 months of the date of service – an extension of eight months beyond the normal "one year rule";

- Providers should simply submit claims in the customary manner as either a paper or electronic claim.

(2) Valid paper or electronic claims submitted beyond 20 months from the date of service, but less than 23 months, will be allowed if accompanied by clear evidence that the provider routinely submitted such claims in a timely manner;

- The evidence to support/satisfy the original timely filing requirement would be broadened to include:
 - Evidence from within MeCMS
 - A provider billing log
 - An EMC file name
 - A request by MaineCare staff to hold off on the submission of claims

- A one-time submission of evidence should be directed to:
Linda Quintal
Office of MaineCare Services
442 Civic Center Drive
State House Station 11
Augusta, ME 04333
- The one-time request for an additional three (3) months will be reviewed promptly. The request should include all relevant individual billing provider numbers.

(3) Individual claims that are beyond the 20-month limit, or the 23-month limit, will be reviewed by OMS for a determination as to whether the claim will be allowed based on evidence of a prior timely filing;

- Claims meeting this criteria must be submitted on the appropriate paper billing form and must include an attachment documenting evidence that the claim had been previously submitted. Outdated paper claims should be submitted to:

Division of Customer Service
Office of MaineCare Services
442 Civic Center Drive
State House Station 11
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(4) OMS will waive the requirement that a provider has only one year from the date of initial submission of a claim to resubmit a corrected claim for payment – the “second one-year rule”;

(5) MeCMS currently does not have the capability to make claims adjustments within 120 days, (as set forth in Section 1.12-1 of the MaineCare Benefits Manual). Accordingly, OMS will waive this 120 day requirement; and

(6) These modifications of the one-year and 120-day requirements are currently scheduled to end on January 1, 2007.

A review of all timely filing changes is planned for December 2006.

If you have any questions regarding this memorandum, please contact your Provider Relations Specialist at 287-9345, or 1-800-321-5557, extension option 8 or TTY: 287-1828 or 1-800-423-4331.